Yes No 2	child because	nsactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	I" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
Yes No	closed. Have you	nd certain other "excepted trusts" need not be discible?	on Ethics and dependent chi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
<b>JESTIONS</b>	F THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the Yes" response.	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S S	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
Yes No 🗸	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
Yes No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S <sub>S</sub>	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
Yes No	d receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	No Z	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
Yes No V	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	<b>8</b>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penali against anyon 30 days late.	or Employing Office: ee Termination Date:	Officer or Employee	Status  Status  House of Representatives District: 5  Annual (May 15, 2012)  Amendment
LEGISLATIVE RESOURCE CENTER  2012 MAY 15 PM 4: 59 MC  U.S. KOUSE OF THE ONE OF THE OF	LEGISLATIV 2012 MAY U.S. HOUGHOR	Daytime Telephone: 202 - 225 - นุนุ <i>6</i> 5	Daytime 1	Name: SCOTT GARRETT
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

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## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

morning and principle of frame of the control of the first of the firs	stells received dilder are occide decully Act.	Junty Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA.
Nove		

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Page 3 of 9	

# SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

							Nome	Examples: XYZ Magazine	Association of American Associations, Washington, DC	Source	
				12 12 12 12 12 12 12 12 12 12 12 12 12 1				Article	Speech	Activity	
								Aug. 13, 2011	Feb. 2, 2011	Date	
								\$500	\$2,000	Amount	

#### the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at reportable asset or sources of income which generated Asset and/or Income Source **BLOCK A**

Provide complete names of stocks and mutual funds (do more than \$200 in "unearned" income during the year.

plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific the name of the institution holding the account and its For all IRAs and other retirement plans (such as 401(k) ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the

not use ticker symbols.)

For rental or other real property held for investment, provide a complete address.

value at the end of the reporting period.

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ing the reporting period.

that is not publicly traded, state the name of the busition in Block A. For an ownership interest in a privately-held business ness, the nature of its activities, and its geographic loca-

accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thritt ing \$5,000 or less in a personal checking or saving Exclude: Your personal residence, including second Savings Plan. income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the

please refer to the instruction booklet optional column on the far left. For a detailed discussion of Schedule III requirements,

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 -- \$25,000,000

\$25,000,001 - \$50,000,000

**EXCEPTED/BLIND TRUST** 

Over \$50,000,000

NONE

RENT

DIVIDENDS

INTEREST

CAPITAL GAINS

TAX-DEFERRED

Other Type of Income

×

×

Roya

×

DÇ,

Examples:

Mega Corp. Stock

Simon & Schuster

Indefinite

×

1st Bank of Paducah, KY Accounts

Be41-us

A PANECIKTION

TUND

=

Basic S\*P

TUKD

×

×

×

×

#### Value of Asset

BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it "None." If an asset was sold during the reporting

#### Type of Income

BLOCK C

Check all columns that apply. F if the asset generated no income du Dividends, interest, and capit that generate tax-deferred incon you to choose specific investments retirement accounts that do not allo disclosed as income. Check "Non gains, even if reinvested, must may check the "Tax-Deferred" colum (such as 401(k) plans or IRAs), yo

BLOCK D

BLOCK E

							ties		(Specify: e.g., Partnership Inc	come or Farm Income)		두	ក្នុ ត្	<u> </u>	∌	2 7	g 12	¥	ġʻ	
-+		<del>                                     </del>	1	1	<del> </del>	t			None				<b>e</b> a =	6	<u> </u>	the G	<u>۔</u> کے ڈ	D	ΕQ	-
$\neg \uparrow$		×							\$1 – \$200		=			reinvested,		න ද ද	"None"	fern	as	
	X		×	×	×	1			\$201 - \$1,000		=		Š.	ste	ș.	g g	) 20 20	g	assets	>
								×	\$1,001 - \$2,500		V		gen È	و أ	and	appropriate	i m	<u>B</u>	ξ	∄
$-\uparrow$					<u> </u>		_		\$2,501 - \$5,000		٧		earned or generated.	must	0		column. For all other assets, indi-	Deferred" in Block C, you may check the	for which	Amount of Income
$ \uparrow$						×			\$5,001 - \$15,000		≤		er c	, it	capital	box below.	رة all	S	ch Ch	<u> </u>
$-\top$							_		\$15,001 - \$50,000		≨		=	ā		8	i or	2	you	<u>=</u>
						1			\$50,001 - \$100,000		IIIA		2	disclosed		.≷ ā	i iši Š	may	checked	õ
						Г	×	П	\$100,001 - \$1,000,000		×		2	S	9	Dividends,	Set Set	닭	SKe	3
									\$1,000,001 - \$5,000,000		×		ā \$	å	even	enc	} S S: 5	Ç	Tax-	
									Over \$5,000,000		×		å	S	⇉	<u> </u>	} <del>-</del>	æ	×	
,			1				•	S (partial)	m ço .ru	sold, please indicate as follows: (S) (partial) See below for example.	If only a portion of an asset is		Joui	reporting	\$1,000 in	(E) exceeding	(P), sales (S),	purchases	asset had	Transaction
							<u> </u>	_			<del></del>			_	_	ත් ශී	<u> </u>	_	đ	_=

For additional assets and unearned income, use next page

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DISCIPLINED STOCK

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Scott GARRETT

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5 S SP Dreyfus Noger Noger YANGUARD EXPIR OSNG TRAYELLAS HUSSMAN STANTIGIC +106F17 Asset and/or Income Source Now (NOW Me7 Lik HISHLAND BANK BANK LEVE CO = Morey ナレベア امالاد AMNULT (NAMK) SAVINSS スタスト CHECKINS STK ZZ RETURM (Frowing) Þ None X  $\boldsymbol{\varpi}$ \$1 - \$1,000 O ~ × × × \$1,001 - \$15,000 0 \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B TI \$100,001 - \$250,000 മ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 ⋈ ×  $\times$ × NONE × × DIVIDENDS RENT × × INTEREST of Income BLOCK C Type CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) メ × × × **|**× None Amount of Income  $\times \times$ × × \$1 - \$200 XI III V V VI VII VII X \$201 - \$1,000 BLOCK D \$1,001 -- \$2,500 \$2,501 ~ \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction **BLOCK E** π,ο, π

## SCHEDULE IV— TRANSACTIONS

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Page 6 of

SP, DC, JT Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is soid, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that ဒု Example: Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE × **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) applicable 10-12-11 Date \$1,001-\$15,000 Þ \$15,001-Φ \$50,000 \$50,001-O Amount of Transaction \$100,000 \$100,001-O \$250,000 \$250,001m \$500,000 \$500,001-П \$1,000,000 \$1,000,001-Ω \$5,000,000 \$5,000,001-Ŧ \$25,000,000 \$25,000,001-\$50,000,000 \$50,000,000

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### SCHEDULE V— LIABILITIES

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business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving** charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a mortgages on personal residences.

	SP, JT					
		Example:	Cheon			
	Creditor	First Bank of Wilmington, DE	CREAR UNION HORTS. ASS'M			
Date	Incurred Mo/Year	May 1998	83010			
	Type of Liability	Mortgage on 123 Main St., Dover, DE	8/30/10 Hongs on Hone:	100 POND SCHOOL RD, SUSSEY		
<u>.</u>	\$10,001- \$15,000					
┨	\$15,001- \$50,000		×			
┨.	\$100,000 \$100,001- \$250,000	×				
Amount of Liability	\$250,000 \$250,001- \$500,000					
of Liab	\$500,001- \$1,000,000					
)   <del>[</del> ]	\$1,000,001- \$5,000,000					
:	\$5,000,001- \$25,000,000					
	\$25,000,001- \$50,000,000 Over					
	UVE	1	i		l	l

#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	City of Departure—Destination—	Lodging?	Food?	Was a Family Member Included?	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC		z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
HERITAGE JOURDATION	1/27 - 1/29	Neware - LA - NEWARK	Y	4	Y	Ø
ion forum	2/7 - 2/8	" - OKLAHDO - "	×	<	No	B
Club for Growin	2/2 - 3/6	DC - PALM BEACH - DC	<	<	<	R
M CN (Chra	4/25-4/28	4/25-4/29 NYC -ISTANBUL - MYC	<u> </u>	<	<b>Y</b>	E
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Report all positions, compensated or uncompensated, held during the current calendar year as an offic proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business organization, or any educational or other institution other than the United States.	calendar year as hership, or other b	ensated, held during the current calendar year as an officer, director, trustee of an organization, partner, ant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor ion other than the United States.
	per, director, the enterprise, and	enterprise, any nonprofit organization, enterprise, any nonprofit organization,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

				Position
			Nove	
				Name of Organization

### **SCHEDULE IX—AGREEMENTS**

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement